

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE
Sold in New Jersey By
BANKERS LIFE AND CASUALTY COMPANY
Telephone: 1-888-282-8252

| PLAN INFORMATION | | | | MEDICARE PART A HOSPITAL COSTS | | | | MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS | | | MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.) | | | OTHER | | | |
|---|--|--|--|-----------------------------------|--|---|--|--|---|--|--|---|--|---------------------------------------|--------------------------------|---------------------|-------------------------------|
| | | | | PLAN PAYS | | | | PLAN PAYS | | | PLAN PAYS | | | PLAN PAYS | | | |
| PLAN | MONTHLY PREMIUM AT AGE 65 <i>(INCREASES) (WITH AGE)</i> | COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS | PRE-EX. MEDICAL CONDITION WAITING PERIOD | \$952 DEDUCT. (2006) | \$238 COPAY FOR DAYS 61-90 (2006) | \$476 COPAY FOR DAYS 91-150 (2006) | 100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME | \$119 COPAY FOR DAYS 21-100 (2006) | AFTER 100 DAYS WHEN MEDICARE STOPS PAYING | COSTS IN A SNF NOT APPROVED BY MEDICARE | \$124 ANNUAL DEDUCT. (2006) | 20% OF MEDICARE ALLOWED AMOUNT | COSTS THAT EXCEED ALLOWED AMOUNT | PARTS A & B BLOOD DEDUCTIBLE | FOREIGN TRAVEL EMERGENCY | AT-HOME RECOVERY | PREVENTIVE MEDICAL CARE |
| A | \$160.28 | YES** | NONE | | YES | YES | YES | | | | | YES | | YES | | | |
| B | \$175.47 | YES** | NONE | YES | YES | YES | YES | | | | | YES | | YES | | | |
| C | \$181.27 | YES** | NONE | YES | YES | YES | YES | YES | | | YES | YES | | YES | YES | | |
| D | \$175.95 | YES** | NONE | YES | YES | YES | YES | YES | | | | YES | | YES | YES | YES | |
| E | \$177.62 | YES** | NONE | YES | YES | YES | YES | YES | | | | YES | | YES | YES | | YES |
| F | \$162.40 | YES** | NONE | YES | YES | YES | YES | YES | | | YES | YES | YES ^{100%} | YES | YES | | |
| *F <small>(with \$1790 deductible)</small> | \$60.38 | YES** | NONE | YES | YES | YES | YES | YES | | | YES | YES | YES ^{100%} | YES | YES | | |
| G | \$112.42 | YES** | NONE | YES | YES | YES | YES | YES | | | | YES | YES ^{80%} | YES | YES | YES | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| J | \$123.54 | YES** | NONE | YES | YES | YES | YES | YES | | | YES | YES | YES ^{100%} | YES | YES | YES | YES |
| K ^{1,2,3} | \$58.65 | YES** | NONE | \$476 | YES | YES | YES | \$59.50/DAY | | | | YES ^{10%} | | YES ^{50%} | | | |
| L ^{1,2,3} | \$84.00 | YES** | NONE | \$238 | YES | YES | YES | \$89.25/DAY | | | | YES ^{15%} | | YES ^{75%} | | | |

* POLICYHOLDERS ARE RESPONSIBLE FOR PAYMENT OF EXPENSES UP TO THE DEDUCTIBLE. THE POLICY WILL PAY COVERED EXPENSES ONCE THE DEDUCTIBLE IS MET.
A SEPARATE DEDUCTIBLE APPLIES TO THE FOREIGN TRAVEL EMERGENCY BENEFIT.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

1. YOU PAY PART OF THE COST OF SOME COVERED SERVICES UNTIL YOU MEET THE ANNUAL OUT-OF-POCKET LIMIT OF \$4,000 FOR PLAN K AND \$2,000 FOR PLAN L.
2. YOU PAY 50% (PLAN K) OR 25% (PLAN L) OF YOUR SHARE OF HOSPICE COSTS (5% OF THE MEDICARE-APPROVED AMOUNT) FOR OUTPATIENT RX DRUGS AND INPATIENT RESPITE CARE.
3. YOU PAY NO COINSURANCE OR COPAYMENT FOR PART B PREVENTIVE BENEFITS FOR MEDICARE COVERED SERVICES.

NOTE: PREMIUMS LISTED ABOVE ARE FOR CHECK-O-MATIC.

(This information may also be found on our web site at www.state.nj.us/health/senior/ship.shtml)

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR. SERVICES
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